PTO/SB/06 (08-03)

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and the explication of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									209	13850	718
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(e))							\$	OR		\$	
	L CLAIMS FR 1.16(c))		minus 20 = •				× \$=		OR	x 8=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		4S	minus 3 °				x s=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR	+8=		
" If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II OR OTHER THAN											
COlumn 1) (Column 2)			(Column 3)	1	SMALL	NTITY] (1)	SMALL	ENTITY		
A F		REMAINING AFTER · AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total GF CFR 1.16(d)	15	Minus	<u>"</u> 55	*		x s		OR	x 5	
ä	Independent (37 CFR 1.88(b))	. /	Minus		.)	1	x s=		OR	x 4=\	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+s =		OR	+s =	
						,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Catumn 2)	(Column 3)				_		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (27 CFR 1.16(d)	•	Minus	**	-	1	X \$=		OR	x \$=	
AMENDMENT	Independent (37 CFR 1.18(b))	٠	Minus	***		1	X \$=		OR	X \$=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+:		OR.	+1 =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)									_		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ĭ	Total (37 CFR 1.10(4))	•	Minus	**			x \$=		OR	X \$=	
AMENDMENT	Independent (37 CFR 1.18(b))	•	Minus	944		1	x s=		OR	x \$=	
N N	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+5		OR	+ 5=	
							TOTAL ADO'L FEE		OR	TOTAL ADO'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paul For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form another suggestions for neducing this burden, should be sent to the Child Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.